Wartburg Theological Seminary

- Refer A Student -

(Please print)

FIRST NAME ______________________________________
LAST NAME ______________________________________

ADDRESS _____________________________________________________________________________

CITY, STATE, ZIP ______________________________________________________________________

PHONE ____________________________ EMAIL _____________________________________________

NAME OF PERSON MAKING REFERRAL ___________________________________________________

YOUR RELATIONSHIP TO REFERRED (if not self) _________________________________________

ADDITIONAL COMMENTS
____________________________________________________________________________________
____________________________________________________________________________________

Email this form to admissions@wartburgseminary.edu, fax to 563-589-0333, or mail to:
Admissions
Wartburg Theological Seminary
333 Wartburg Place
PO Box 5004
Dubuque IA 52004-5004

The referred person will receive Wartburg Theological Seminary’s viewbook and an invitation to our next
Conference on Ministry. For more information, call 1-800-CALL-WTS.